MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
January 16, 2013, 9:00 am to 3:30 pm
United Way Conference Center
1111 9th Street, Des Moines, Iowa
MEETING MINUTES

MHPC MEMBERS PRESENT:

Teresa Bomhoff
Kenneth Briggs, Jr.
Jim Chesnik (by phone)
Ron Clayman
Jim Chesnik
Ron Clayman
Jackie Dieckmann
Jim Flansburg (by phone)
Virgil Gooding (by phone)
Kris Graves
Diane Johnson
Doug Keast
Gary Keller
Todd Lange (by phone)
Sally Nadolsky
Donna Richard-Langer
Jim Rixner (by phone)
Lee Ann Russo
Joe Sample
Dennis Sharp
Rhonda Shouse
Kathy Stone
Kimberly Uhl
Kim Wilson

MHPC MEMBERS ABSENT:

Julie Kalambokidis
Sharon Lambert
Amber Lewis
Lori Reynolds
Brad Richardson

OTHER ATTENDEES:

Theresa Armstrong	DHS, MHDS, Community Services & Planning Bureau Chief
Connie Fanselow	DHS, MHDS, Community Services & Planning
Mary Peterson	DHS, MHDS, ACA Project
Rick Shults	DHS, MHDS Administrator
Jennifer Steenblock	DHS, Iowa Medicaid Enterprise, ACA Project Manager

COMMITTEE WORK

Time was made available for MHPC Committees to meet in small groups from 9:00 a.m. to 10:00 a.m.

WELCOME, INTRODUCTIONS & APPROVAL OF MINUTES

Teresa Bomhoff called the meeting to order at 10:00 a.m. and led introductions. Quorum was established prior to the approval of the minutes, with 19 members present or participating by phone.

NOMINATIONS COMMITTEE REPORT – Kim Uhl reported that the committee received one new application for membership submitted by Todd Noack, who is a Peer Support Specialist and a regional coordinator for the Office of Consumer Affairs. The committee recommends his nomination as an adult with lived experience. Rhonda Shouse made a motion to approve Todd Noack as a new MHPC member in the adult consumer category. Kim Uhl seconded the motion. The motion passed unanimously. Todd will be contacted and invited to join the Council for the next meeting.

Tom Eachus has submitted his resignation from the Council due to other commitments, which creates a new public/private entity opening.

The Council has current openings for:

- 1 adult consumer
- 2 parents of a child with SED
- 1 public/private entity
- 1 mental health state agency representative

The Nominations Committee will review applications on file to determine if there are any appropriate candidates for the public/private seat and follow up with any new applications that are received.

APPROVAL OF MINUTES – Dennis Sharp made a motion to approve the minutes of the November 28, 2012 meeting as presented. Kris Graves seconded the motion. The motion passed unanimously.

MONITORING AND OVERSIGHT COMMITTEE REPORT – Ron Clayman reported for the M & O Committee. No meeting was held in January. During the last two meetings, the committee has talked about how to be more proactive in providing input to DHS on block grant contracts and spending; they are interested in promoting peer support by encouraging the Department to issue a Request for Proposals (RFP) for the Iowa Peer Support Training Academy (IPSTA) and making other investments in peer support. Teresa Bomhoff noted that the committee received a new chart of the 25% contracts that shows the purpose, amounts budgeted, and amounts paid out.

Donna Richard-Langer said the committee is trying to make a shift in its focus from reviewing spending after the fact to giving advice and recommendations on how funds should be committed in the future. The Council discussed sending a letter to DHS recommending that peer support programs be prioritized in Block Grant spending, including considering establishing permanent funding for IPSTA. Todd Lange commented that he believes IPSTA is an important part of redesign and said that he wants the Block Grant to provide direct support to things that are consumer run and consumer driven

Motion - Donna Richard-Langer made a motion that the Council sends a letter to DHS recommending that peer support programs be prioritized in Block Grant contracting and

spending, including an ongoing allocation for IPSTA. Gary Keller seconded the motion. The motion passed unanimously.

NW IOWA TRANSITION WORK GROUP REPORT - Kim Uhl reported that the Sioux City-area group has filed an application for a habilitative services license and is planning to pursue a grant for the housing needed. The project is first aimed at young sex offenders coming out of the juvenile system. It will provide them with housing and offer them the habilitative services they need to reconnect with the community, access education, get jobs, and be successful in community living. It is also intended to reduce their risk of re-offending. Kim said they hope to make transition housing available to other populations in the future. It is important to maintain the ability to make the determination of how long individuals stay based solely on their individual needs, not a set period of time for transition.

AGENDA CHANGE – Teresa Bomhoff announced that the Disability Employment Initiatives presentation by Doug Keast planned for this afternoon will be presented at the March meeting. Jennifer Steenblock will present on the Affordable Care Act at 1:00 p.m. today.

LEGISLATIVE INFORMATION – Teresa Bomhoff shared legislative information folders with members, including a list of central Iowa legislators and information on the proposed Iowa essential health benefits package. She noted that the proposed package does not have mental health parity and places limits on outpatient and inpatient services. She said she hopes the Governor will allow people to give input on the proposal.

Teresa shared a summary of all the Redesign Workgroup recommendations and other recommendations that have been offered, that was presented to the Mental Health and Disability Services Redesign Fiscal Viability Study Committee on January 11. She said the committee directed DHS and ISAC to develop new proposals related to funding need for the next committee meeting. She said the committee also talked about Medicaid expansion, continuum of care issues, and the Children's Workgroup Report. Teresa also noted that information on the DHS budget submission is available on their website.

LEGISLATIVE PRIORITIES - Teresa also shared a draft of proposed five legislative priorities that she would like the Council to vote on adopting today. The five priorities are:

1. System Redesign – Implement a comprehensive system of mental health and disability services that is consistent with the principles of the Olmstead Supreme court Decisions and Iowa's DHS Olmstead Plan.

2. Adequate Funding – In view of growing surplus in state receipts, adopt a stable funding structure for mental health and disability services that is adequate to maintain the current level of services in the short term, to support the goals for

completing system redesign within five to seven years, and to maintain the system over time.

3. Workforce Capacity – Enhance access to quality mental health and disability services by expanding the availability, knowledge, and skills of professionals, paraprofessionals, and direct support workers.

4. Reinstate Open Access to Medications – Stop increasing the barriers for persons to reach effective medications knowing how essential they are to reaching and maintaining stability.

5. Mental Illness, Disability, and Co-occurring Education to increase understanding, reduce discrimination and encourage and facilitate early recognition and treatment.

DISCUSSION OF LEGISLATIVE PRIORITIES

- Todd Lange commented that crisis services should be community oriented and recovery oriented and should include peer support role; they should not be too narrowly defined or institutionalized.
- Concern was expressed about new county levy rate being another hard cap; many people seem to believe there should be more flexibility for counties. Teresa noted that the rate was adopted for 2 years and said she would like to see a proposal from ISAC that the counties would support.
- Kathy Stone suggested revised wording for second bullet related to funding, noting that not all services that IDPH provides are under the funding steams for redesign and the language should be inclusive of all funding steams. She also suggested using generic language for co-occurring and multi-occurring. Teresa pointed out that she wanted to be clear about the efforts that are ongoing and should be continued.
- Gary Keller noted that the Iowa Code reference to commitment laws needs to be corrected.
- Kathy Stone noted that the Iowa Board of Certification is a stand-alone accrediting body; she said there has been talk about their becoming a licensing body, but concern that they do not have standing anywhere in the Iowa Code.
- Sally Nadolsky noted that non-licensed workers are considered paraprofessionals; specific types of workers have to be recognized in Code to be licensed.
- Joe Sample pointed out that the Olmstead Consumer Task Force wrote a position paper opposing aspects of the Direct Care Workforce recommendations.

Teresa Bomhoff will work with Kathy Stone and Todd Lange on revising the points discussed and adding language about adequate funding for community corrections.

Motion – Gary Keller made a motion to accept the proposed legislative priorities with edits made as discussed. Ken Briggs seconded the motion. Kathy Stone and Joe Sample abstained from the vote. The motion passed, 21 to none.

VETERAN'S WORKGROUP REPORT – Ken Briggs reported that he has been working with the Long Term Care Ombudsman's Office on issues relating to the Iowa Veterans' Home and will be meeting with them again in a few days.

BYLAWS COMMITTEE – Sally Nadolsky reported that the committee held a short telephone meeting yesterday and talked about a suggestion they received about changing the name of the Council and using the word "co-occurring" to reflect a broader scope that includes substance abuse. Kathy Stone said she had had a recent meeting with people from SAMHSA in which they provided updates on the Mental Health and Substance Abuse Block Grants. They discussed efforts to reach out to mental health planning councils and said that the bottom line is that they really don't have any guidance yet on changes to existing councils. She said they talk a lot about things that are "required" by SAMHSA and things that are "requested" by SAMHSA – and many of the things they talk about fall into the latter category. She noted there are significantly different requirements for the two block grants. IDPH's Substance Abuse Block Grant is under the auspices of the State Board of Health and DHS's Community Mental Health Services Block Grant is under the auspices of the Mental Health Planning and Advisory Council. Kathy said that at this point SAMHSA is saying changes to planning councils are not "requested" or "required." There is some discussion of looking at integration between the two block grants, but not yet any solid guidance. Kathy said she would recommend holding off on changing the bylaws for now.

It was noted that since Kathy is now a member of the MHPC and information is regularly being shared on an ongoing basis there is no need to move quickly on formal changes to the bylaws and it may be premature.

Motion - Sally Nadolsky made a motion that the Council postpones work on changing the group's name and bylaw until there is clear guidance available from SAMHSA. Kris Graves seconded the motion. The motion passed unanimously. Sally said she and the committee will keep the Council updated.

SOCIAL SERVICES STATE AGENCY REPORT – Jim Chesnik had no new information to report.

CORRECTIONS STATE AGENCY REPORT – Gary Keller reported that there are discussions going on about plans to have new prison facilities at Fort Madison and Mitchellville by 2015. There will probably be some beds redistributed and some reassignment of personnel; there are also proposals for each facility having some separate units. He said all women will be going to Mitchellville when the new facility opens. Women will no longer be sent to IMCC or Mt. Pleasant. New medical positions will be funded. The Governor's Budget has provisions for staffing the community corrections program and aiding in the transition of people into community based

corrections. Efforts are continuing to evolve services and branch out into community corrections; a lot of re-entry training is being done.

EDUCATION STATE AGENCY REPORT – Jim Flansburg reported that education reform has been a hot topic. Provisions have been proposed for incentivizing hard to fill positions. He noted that the state is perennially in need of more special education teachers.

MEDICAID STATE AGENCY REPORT – Sally Nadolsky reported that IME is continuing to work on developing a state plan for health homes for adults with chronic mental illness and children with serious emotional disturbance; it will be a separate design for the current health home model that is in limited use. This program will be actively managed by Magellan, which has been managing the pilot projects for health homes for adults. A lot of things still need to be worked out.

New optical rules have been promulgated to eliminate some of the often used exceptions to policy, such as tinted lenses. New dental rules that will pay for the use of nitrous oxide are currently going through the process of development. Both of these rules changes were made as a result of IME reviewing exceptions to policy that were routinely granted to make them allowable without requesting an exception.

The legislature is asking for a lot of information from IME on autism, including cost of services and the number of people accessing them. IME has been gathering information on what it would cost for insurance to cover ABA (Applied Behavior Analysis) services. Sally noted that Representative Heaton is very interested in autism services and there have been discussions about adding autism spectrum disorders under waiver services. Right now the focus is on children with autism.

DEPT. ON AGING STATE AGENCY UPDATE – Joe Sample reported that the redesigned state system of six Area Agencies on Aging has been configured and they are in the final six months before they start full operation. Conversations about core services are ongoing. Work is continuing on the ADRC (Aging and Disability Resource Centers) grant; IDA is planning on sending out and RFP (Request for Proposals) this month for planning money for entities that might be interested in building collaboratives. IDA is also continuing to work with MHDS and IME on the BIPP (Balancing Incentives Payment Program) grant.

MHDS UPDATE – Rick Shults and Theresa Armstrong presented an update on MHDS activities, focusing on their understanding of what came out of the recent meeting of the Fiscal Viability Interim Study Committee. The committee came up with a long list of recommendations, and voted to continue the Interim Committee meetings into the session as a joint working group of the House and the Senate. They voted to recommend an appropriation of $20 million in transition funds; the way it would be distributed was not decided. Rick noted that the Department has 32 applicants for transition funds and developed three scenarios for transition funding. He said there is recognition that there are some counties that are having real challenges with paying

their Medicaid bills. The Committee asked DHS to make a proposal by the end of January for how counties would pay their unpaid Medicaid obligations.

Outstanding Medicaid Bills - Rick shared a handout showing the outstanding balances by county. He said that the intent was show to what extent Medicaid bills have grown during the year and to what extent counties have the ability to pay them. Rick explained that the spreadsheet show the outstanding balances for each county as of November 30, 2012, the number of months each county was behind as of November 30, 2012, the number of months each county was behind as of April 30, 2012, the amount owed for State Resource Center services, and the total outstanding. The counties that applied for transition funds are indicated by a dot at the left of the columns.

Under the DHS analysis, 26 counties do not have enough to pay the bills owed. The column labeled "GAAP Ending Balance," if correctly calculated, is the amount the county would have left after paying their bills. ISAC has been asked to develop a proposal indicating what amount of county fund balances would be needed for cash flow. Some argue that if counties have to keep a 25% fund balance, 25% of the funding is in effect taken out of the system. There has been no formal recommendation related to the $47.28 per capita levy amount. Rick said it is an unintended consequence of regionalization that there are unpaid Medicaid bills to be addressed. One major issue is that the money intended for transition funds is federal money, which cannot be used to match federal Medicaid funds and that limits what DHS can do about the unpaid bills.

Medicaid Expansion - The proposal for the expansion of Medicaid failed, but there will continue to be an ongoing conversation about Medicaid expansion in the legislature this year; it is a major agenda item. The Governor and the Legislature have major roles to play and will need to come to an agreement on what the State will do.

Continuum of Care - Discussions continue about workshops and residential care facilities (RCFs) as well as the whole idea of a full continuum of care; a workgroup is being put together to look at those issues. RCFs are more challenging because they are not a single, uniform service; some specialize in specific disabilities and some have few services at all.

Non-Medicaid Service Costs - Rick shared a handout from LSA (Legislative Services Agency) summarizing the redesign workgroup recommendations. He said that one of the major unresolved issues is how to move forward with the cost of non-Medicaid services. Rick said the once a year the Department gets an extract from the counties of what they spent for the year in a chart of accounts form. The numbers DHS is getting now are for SFY (State Fiscal Year) 2012, so they are over six months old. They also include the cost of the county share of Medicaid services, with no clear delineation between Medicaid and non-Medicaid services, so work needs to be done to determine how to best divide the Medicaid and non-Medicaid numbers to get an estimate. The new levy was based on the belief that $144 million was spent on non-Medicaid services, but it has not been determined if that number is accurate. Rick noted that all Medicaid costs are now included in the Department's budget.

Formation of Regions - Rick shared a draft map of the proposed regional groups at this point. He noted that some information may already be outdated, but it gives an idea of how counties are starting to align.

- Carroll County has submitted a letter indicating their intention to seek exemption from joining a region.
- Jefferson County has met with DHS and is being offered technical assistance; they are considering requesting an exemption.
- Polk County voted yesterday to request an exemption.
- DHS has made an informal decision that counties are contiguous if they touch at the corners.
- Madison County is interested in joining a region that is not contiguous; DHS does not have the authority to allow that under the current legislation. Counties cannot currently be exempted from the requirement to be contiguous.
- Counties that are interested in seeking exemption are anxious to move quickly.
- DHS does have the authority to exempt regions from being three counties or more.

Rick said that counties have been doing a tremendous job in getting together and working hard on forming regions.

The Governor's Budget Report – Rick said that the Governor started with a status quo budget, yet the DHS has a need for $225 million more just to maintain the status quo for Medicaid and other services so the Governor had to figure out how to handle that $225 million shortfall. The Legislature adjourned last year without fully funding Medicaid, which left a big hole in the Medicaid budget; Iowa's FMAP (Federal Medical Assistance Percentage) has gone down by 1.5%, which has left a huge gap; and there has been considerable growth in the number of people applying for and being determined eligible for Medicaid services, including mental health and disability services.

Rick said the Governor has included a request for the MHIs (Mental Health Institutions) that matches the DHS request for status quo funding. He said that none of the budget requests addressed salary adjustments; they are handled separately. As the census continues to go down in the State Resource Centers, there is a need for additional general funds to support their operation; not all of that need was included in the Governor's budget. The Governor's budget included the second scenario identified by DHS for transition funds in the amount of $3.8 million; it also included the base amount for the State Payment Program (SPP), which is about $12.5 million. Since the people now funded through SPP will become the responsibility of the county where they reside, those funds will be moved into the redesign fund to continue to support them. The Governor's budget did not include growth for non-Medicaid services and did not include funding for crisis services. It did put a lot of money into Department services to maintain the status quo. It will go on to the legislative budget committees.

Todd Lange asked about the use of the CHIP (Children's Health Insurance Program) contingency fund. Rick responded that the Governor's budget uses a very small amount of the CHIP funds for transition and uses most of it for capital improvements, maintenance, repairs, and other infrastructure costs that can be identified as one-time

expenses. He said there is also discussion that the transition fund money needs to be general fund money rather than the CHIP funds, to eliminate the federal matching concerns.

Jim Rixner asked what formula will be used to distribute the non-Medicaid money. Rick responded that DHS will continue to work with ISAC to determine where the people who have been funded by the State Payment Program establish residency so that the money can follow them.

A break for lunch was taken at 12:30 p.m.

The meeting resumed at 1:00 p.m.

AFFORDABLE CARE ACT - Jennifer Steenblock, ACA Project Coordinator for the Iowa Medicaid Enterprise, presented an overview of the impacts on Medicaid resulting from the Patient Protection and Affordable Care Act (ACA), which was signed into law on March 23, 2010.

- The law is complex and will be implemented over the next two years
- Information and guidance from the federal government has just recently been coming to states
- Pieces of the legislation also relate to other agencies
- A recent U.S. Supreme Court decision has impacted implementation
- There are still efforts in Congress to repeal or change the law

Planning:

- ACA is the law at this time and states have the obligation to plan and proceed with its implementation
- Iowa has received some planning money
- Uncertainties makes planning more difficult
- States need to be flexible and adapt to new federal guidance as it come out
- Guidance has been slow until after Supreme Court decision last summer and the elections this fall
- Federal regulations have just gone out for comment

Key Provisions:

- Creation of a Health Benefit Exchange (HBE)
- The HBE is a simplified access point; a marketplace
- There is a mandate for coverage and penalties for large employers who do not offer insurance
- Medicaid expansion is optional to states under the Supreme Court decision
- There are lots of pieces that the insurance division is busy working to get into place
- Medicaid expansion is to cover people at 133% of FPL (federal poverty level)

- There is also a 5% income disregard, which makes 133 equivalent to 138%, so you may hear those two numbers referred to interchangeably

Health Care Coverage Strategy:

- Individuals gain access to coverage through Health Benefit Exchanges (HBEs)
- A large group employer is one with 50 or more employees and there are mandates around the coverage they must offer
- Smaller employers will be able to access HBEs
- Medicaid expansion would open up coverage to more low income people
- Tax credits and cost sharing assistance will be available to individuals below 400% of FPL

HBE Development:

- A single access point for all health benefit programs must be established
- The HBE offers premium tax credits
- The HBE offers a two year tax credit for small employers with lower wage employees
- It also provides consumer assistance in making an informed decision

HBE Basics:

- States can establish a state-based exchange or default to a federally –facilitated exchange (FFE)
- Iowa is working to better understand what the federal rules are and what needs to be done; it is an interagency effort
- Primary functions include:
    - Eligibility determination and enrollment into insurance programs
    - Eligibility and enrollment for small business health options program
    - Plan management
    - Financial management
    - Consumer assistance

HBE Models:

- State-based Exchange Model (SBE) – Iowa did not choose this
- State Partnership Exchange Model (SPE) – shared federal and state functions – many states could opt for this because they did not have formal authority from their Legislatures to setup state based exchanges
- Federally-facilitated Exchange Model (FFE) – this option would mean the federal government would do all the Medicaid eligibility determination functions; Iowa wants to retain those
- In December the Governor declared Iowa will be a state partnership model for the next two years

Iowa State Partnership Model:

- The intent is to transition to a state based exchange at some point in the future

- There will be a federal web portal (something the functions like Travelocity or Medicare Part D) where people can go to shop for plans, but the state will be certifying those plans that are made available to Iowans
- The State will maintain plan management and consumer assistance functions
- The State will determine eligibility for Medicaid and CHIP
- There will be a federal services hub so that income, citizenship, and other factors can be verified in real time without paperwork
- Iowa will transition to a State-based Exchange
- Iowa will be responsible for specific functions; it will have to be up and running by October 2013 for an open enrollment period prior to benefits becoming effective on January 1, 2014)

Consumer Assistance:

- Some functions are shared with the federal government
- Some functions are state only
- Provide services to assist people in using the HBE or obtaining health care coverage
- Required to provide phone or in person assistance through consumer assisters or navigators; what they do will be the same but they will be funded differently
- The State is responsible for consumer assisters
- A federal grant will fund navigators – some may be for specific populations or locations
- By February 15th the State will have to attest to the federal government more details around how we are going to carry out these functions
- It will be important to report changes for people who are taking tax credits or they might receive too much and owe it back

Medicaid and CHIP Eligibility:

- Determining eligibility will still be a DHS responsibility
- Medicaid and CHIP determinations must be “seamless” – no wrong door
- DHS has been planning to replace its eligibility system for several years and has been able to take advantage of federal monies made available in connect ion with ACA to help pay for the new system
- The new integrated eligibility system being developed is called ELIAS (Eligibility Integrated Application Solution)

Eligibility for Insurance Subsidies:

- Must be legally present in the U.S.
- Not incarcerated
- Not eligible for other qualifying coverage (Medicare, employer sponsored, etc.)

Eligibility for Insurance Subsidies:

- Consumer experience should be seamless ; no wrong door
- Household income must be between 100% and 400% of FPL

- Significant interaction and coordination between the Medicaid/CHIP system and the Federally Facilitated Exchange

Essential Health Benefits Categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

States must select the EHB package from one of the following options:

- States largest HMO
- State employee health plan
- Federal employee health plan
- One of the three largest small group health plans

- The Iowa Insurance Division has to go through a process to certify all the plans that are made available
- The benchmark plan defines what the basic coverage is that has to be offered in all plans
- Iowa had to make a selection by December 28
- The Governor did not authorize the Insurance Division to do so
- As a result, Iowa defaulted to one of the three largest small group health plans
- It is the Wellmark Alliance Select Co-Pay Plus Plan, the largest small group health plan by enrollment in the State
- That does not mean this is the plan that will be offered; it is the floor for coverage, co-pays, deductibles, etc. that carriers must use to create products that will be offered at various premium levels
- Carriers can offer a wide variety of plans at different benefit and cost levels above the benchmark plan
- In March insurance companies can begin going in and loading information on their plans

Jennifer said that this default benchmark plan does have limitation on mental health benefits; it is a small group plan and is therefore exempt from the mental health parity law. She said DHS has no authority is establishing the EHBs. They have been in conversation with the Insurance Division and they have indicated that the federal government will revisit EHBs. She also noted that federal regulations have not yet become final.

Commissioner Voss has held monthly stakeholder meetings and a new insurance commissioner will be coming in next month. Jennifer said inquiries could be made with the Insurance Division; she recommended Angela Burke Boston as a contact person.

Kathy Stone commented that the default to a small business plan almost guaranteed it would not be a robust plan. Jennifer noted that this benchmark plan is for the first two years, and then Iowa can make a different selection.

Iowa Demographics:

- Nearly 700,000 Iowans are currently without employer-based insurance coverage; 262,000 fall below 133% FPL
- About 222,270 Iowans are between 133% and 400% FPL and would be eligible for tax credits or assistance in obtaining health care coverage
- About 127,000 Iowans without employer coverage are at or above 400% FPL and about 21,800 would be required to purchase an insurance plan
- There could be as many as 407,900 individuals in Iowa seeking health care coverage

Impact of the Supreme Court Decision:

- The individual mandate was upheld
- Medicaid expansion became optional for states
- If States expand they get enhanced federal match rates for the expanded Medicaid population; 100% federal funding for first three years; phasing down to 90%

CMS Statements:

- States can access 90% federal match for eligibility IT systems even if they don't expand eligibility
- Iowa has accessed the money for ELIAS
- MAGI (Modified Adjusted Gross Income) will no longer look at resource and asset tests in determining eligibility

Impact for Iowa:

- Iowa must proceed with implementing eligibility and other changes
- The concept is to simplify how Medicaid eligibility is done
- It is considered a health care program not a welfare program

If Iowa Implements Expansion:

- There will be a phase out of the IowaCare Plan, which is scheduled to end December 31, 2013
- If Iowa has expansion, the majority of people on IowaCare would transition to Medicaid
- If not, Director Palmer has made a commitment to continue coverage for this group, but we don't know for sure what that would look like

- IowaCare is a waiver; the state would need legislative authority and CMS approval to continue the waiver
- IowaCare provides a limited benefit; Medicaid would provide richer coverage
- DHS is working to be ready whether Iowa expands Medicaid or not

Enrollment Impact:
- Iowa estimates 150,000 more Iowans will become eligible under ACA, but there is a high degree of uncertainty about estimates
- Estimates are dependent on a number of key assumptions and policy decisions
- Any estimate should consider a large margin for error
- The 150,000 would not all be 100% federal match
- ACA will increase Medicaid enrollment by more than just the newly eligible adults
- It will also increase the number of individuals at the regular match rate

Key Cost Drivers:
- Children converting from CHIP (Hawk-I) to Medicaid would go from a 74% match rate to at 58% match rate
- Enrollment of individuals already eligible (the "woodwork effect") is likely to increase because of expansion activities; they would be at a 58% match rate
- "Crowd Out" effect – the unknown impact of employers dropping coverage for individuals who can enroll in Medicaid
- Speed of "take-up" – the assumption of how quickly and how many of the eligible people actually enroll

State Fiscal Impact - Offset savings:
- It is difficult to determine the impact and costs
- The Governor is concerned that the federal government will not continue to maintain the high match rate over time
- The 150,000 estimate does not include the conversion of 70,000 adults in IowaCare
- What happens to the $42 million in Polk County property tax fund that currently goes to IowaCare?
- Several current eligibility groups are greater than 138% FPL; what happens to those savings?
- Will there be state fund savings from other programs?

Benefit Package Design:
- If the State goes with Medicaid expansion, what plan are they offering to the expanded population?
- Is it the same as the current standard Medicaid package or something else?

Other Impacts:
- People below 100% FPL do not have the ability to access tax credits
- Provider impact – will provider finances be impacted?
- Will there be sufficient provider capacity?

- Uninsured individuals will be able to obtain coverage
- Benefits must be balanced with the long term financial capacity of the State

Uncertainties:
- What will be the impact of employers dropping coverage?
- Will CMS allow IowaCare waiver to continue if Iowa does not expand Medicaid?
- Will CMS allow states to expand in increments?
- There are many decisions yet to be made

Issues to Consider:
Education will be needed
Coverage for mental health and substance use needs
Chronic disease management
Background research reports and consultant findings that are helping to inform policy decisions are available at: http://www.dhs.state.ia.us/Partners/Reports/LegislativeReports/LegisReports.html

SUBSTANCE ABUST EDUCATION, PREVENTION, TREATMENT AND RECOVERY SUPPORTS – Kathy Stone shared a fact sheet produced by the Iowa Department of Public Health outlining services and resources related to substance abuse education, preventions, treatment and recovery supports. It is a joint effort by the Division of Behavioral Health and the Bureau of Substance Abuse. The Division of Behavioral Health regulates and administers state appropriations and federal funding for substance use disorders. Kathy said they regulate programs, not professionals. The Bureau of Substance Abuse licenses and regulates substance abuse assessment and treatment programs and funds and oversees substance abuse public and professional education, prevention, treatment, and recovery support services.

Kathy said they used to talk about "co-occurring" and "multi-occurring" and now they talk about resiliency and a recovery-oriented system of care. IDPH:
- Maintains and provides public and professional information and resources, including treatment locator information
- Provides professional training, including the Annual Governor's Conference on Substance Abuse and the annual Prevention Conference
- Offers programs for substance use and tobacco use cessation
- Publishes a monthly newsletter, "A Matter of Substance"
- Collects and analyzes data, reports on outcomes, and supports studies of specialized services

Prevention Services include:
- Statewide comprehensive prevention programs
- The Iowa Youth Survey to learn about underage drinking, bullying, perception of risk, and other issues affecting young Iowans
- Youth development and youth mentoring programs

- An Epidemiological Workgroup to analyze and help understand trends such as the decrease in Meth usage; they provide information that helps to prioritize and plan where to use resources

Kathy said that in Iowa, alcohol, cocaine, and marijuana are the top drugs of choice; marijuana is number one for young people.

IDPH also funds 23 treatment programs throughout the State, funded by about $13.5 million in federal Substance Abuse Block Grant funds and about $15 million in State funds. There is also a small pool of funds to help develop their co-occurring capabilities.

IDPH has a 3-year federal Health Information Technology grant to provide to expand distance treatment for gambling and substance abuse.

PUBLIC COMMENT – No public comment was offered.

Gary Keller made a motion to adjourn the meeting at 3:15 p.m. Rhonda Shouse seconded the motion. The motion passed unanimously.

Minutes respectfully submitted by Connie B. Fanselow.